

DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled "SURGICAL SUTURING INSTRUMENT AND METHOD OF USE", the specification of which is filed herewith, and is identified by Attorney's Docket No. ONUX-4.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims.


I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

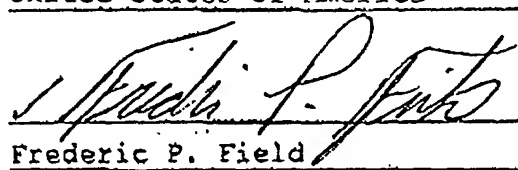
I hereby claim priority benefits under Title 35, United States Code, Section 119(e), of United States Provisional Patent Application Serial No. 60/079,995 filed 3/30/98 for TUNABLE EXTERNAL CAVITY LASER.

I hereby appoint Pandiscio & Pandiscio, a firm composed of Nicholas A. Pandiscio, Registration No. 17293, Mark J. Pandiscio, Registration No. 30883, Scott R. Foster, Registration No. 20570, and William A. Bonk, III, Registration No. 40,521, or any of them, of 470 Totten Pond Road, Waltham, Massachusetts 02451-1914, (Telephone No. 781-290-0060), my attorneys with full power

of substitution and revocation, to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's signature: 
Inventor's full name: Gregory E. Sencoff
Date: 8-3-99
Residence: 120 Mill Road
North Hampton, NH 03862
Post office address: same
Citizenship: United States of America

Inventor's signature: 
Inventor's full name: Frederic P. Field
Date: 8-3-99
Residence: 5 Woodland Road
North Hampton, NH 03862
Post office address: same
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✓ Douglas Ford

Douglas A. Fogg

8/3/99

15 South Pleasant Street

Merrimac, MA 01860

same

United States of America

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Gregory E. Sancoff et al.
Title: SURGICAL SUTURING INSTRUMENT
AND METHOD OF USE
Attorney's Docket No.: ONUX-4

Assistant Commissioner For Patents
Washington, D.C. 20231

Sir:

VERIFIED STATEMENT CLAIMING SMALL BUSINESS ENTITY STATUS

The undersigned, Gregory E. Sancoff, hereby declares that he is President of Onux Medical, Inc., a New Hampshire corporation having a principal place of business at One Stiles Road, Suite 104, Salem, New Hampshire 03079, and is empowered to act on behalf of said corporation in this matter; that said corporation qualifies as a small business concern as defined in 13 C.F.R. 121.3-18 for purposes of paying reduced fees under Title 35, United States Code, Sections 41(a) and (b), in that the number of employees of said corporation, including those of its affiliates, does not exceed 500 persons.

For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third-party or parties controls or has the power to control both.

I further declare, on information and belief, that exclusive rights under contract have been conveyed to and remain in said corporation with regard to the invention described and claimed in the above-identified U.S. patent application.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false

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statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, Section 1001, and that such willful false statements may jeopardize the validity of the above-identified application, any patent issuing thereon, or any patent to which this verified statement is directed.

Onux Medical, Inc.

Date.

8-3-79

By:

Gregory E. Sankoff
President

MR/ONUX1.V1

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